

NEW JERSEY COMMISSION ON CANCER RESEARCH  
**INSTRUCTIONS FOR FELLOWSHIP APPLICATION**

Please follow these instructions carefully.

- A. The following pages represent the application for a New Jersey Commission on Cancer Research Fellowship. You should type your application clearly using the space provided. If additional space is required, please make sure that you photocopy all continuation pages. All narrative should be single spaced.
- B. The original and five copies of the completed application (including reprints) must be forwarded to:  

New Jersey Commission on Cancer Research  
PO Box 369  
Trenton, NJ 08625-0369
- C. One copy must be emailed to [NJCCR@doh.state.nj.us](mailto:NJCCR@doh.state.nj.us).
- D. Please separate copies of the application into sets.
- E. Mark appropriate grant sections for proprietary information; see Grant Policies and Guidelines.
- F. Application instructions.
  - 1. Please check appropriate box.
  - 2. Provide title of training project.
  - 3.a-g. Complete all requested information. Candidates must be United States citizens or permanent residents to qualify. Preference is given to qualified candidates who are residents of New Jersey. Proof of residency may be required. (Postdoctoral students may be foreign nationals with an educational visa.)
  - 4-7. Please complete information on the type and the timetable of your proposed training.
  - 8.a-c. Sponsor must provide Biosketch, Publications, Research Support, a Training plan and a reference for the applicant.
  - 9-12. Accurate information on the institution where training will take place must be included. All training must take place in New Jersey institutions.
  - 13. You should read certification carefully and sign below.
  - 14-16. Please follow instructions on application.
  - 17. You must list all applications for other fellowship support. Although institutions may supplement New Jersey Commission on Cancer Research postdoctoral fellowships from internal sources, applicants may NOT hold more than one fellowship at a time.
  - 18. Predoctoral students must arrange for a transcript to be sent to New Jersey Commission on Cancer Research offices at address above.
  - 19. Complete if applicable.
  - 20. Complete if applicable.
  - 21. References should be sent a Confidential Qualification Appraisal to complete and return to Commission offices before application deadline.
  - 22-23. Please do not exceed space provided.
  - 24. Please note that TEACHING ASSISTANTSHIPS are not allowed under fellowships. The primary function of awards is to provide training in research. (See policies and guidelines for New Jersey Commission on Cancer Research Fellowships.)
  - 26-29. Use appropriate sheets. Items 26 through 28 should be no longer than 1 page each. Item 29 (Research Plan) should be 1-2 pages for predoctoral fellows and 7 pages for postdoctoral fellows.
  - 30-32. Must be completed by sponsor.
  - 33. Resources and Environment
  - 34. Lay Abstract: Must be completed by applicant. Please follow instructions carefully. Do not use technical language.

**New Jersey State Commission on Cancer Research**

**FELLOWSHIP APPLICATION**

☐ **Breast Cancer**    ☐ **Prostate Cancer**    ☐ **Other**

*(Follow Instructions carefully)*

1. ☐ **PREDOCTORAL**    ☐ **POSTDOCTORAL**    ☐ **OTHER:**

2. Title of Training Proposal (Do not exceed 56 typewriter spaces.)

**3. APPLICANT**

3a. Name of Applicant (Last, First, Middle Initial)

3b. Email Address

3c. Present Mailing Address (Street, City, State, Zip Code)

3d. Permanent Mailing Address (Street, City, State, Zip Code)

3e. Office Tel. No. (Area Code, No., and Ext.)

3f. Home Tel. No. (Area Code, No., and Ext.)

3g. Permanent Tel. No. (Area Code, No., & Ext.)

3h. ☐ **U.S. CITIZEN OR U.S. NON-CITIZEN NATIONAL**    **OR**    ☐ **PERMANENT RESIDENT OF U.S.**  
☐ **RESIDENT OF NEW JERSEY FOR AT LEAST 12 MONTHS PRIOR TO APPLICATION DEADLINE.**

3i. Prior and/or Current National Research Service Award Support (Individual and/or Institutional)

☐ **No**    ☐ **Yes (If Yes, Specify type, Dates, Grant Number)**

4. Training Under Award - Discipline

4a. Subdiscipline

5. Dates of Proposed Training  
 From:  
 Through:

6. Proposed Training Duration  
 Years:  
 Months:

7. Degree Sought During Proposed Training  
 Degree:  
 Expected Completion Date:

8a. Sponsor (Name, Position, Title, and Office Phone No.)

8b. Department, Service, Laboratory, or Equivalent

8c. Sponsor's Email Address

9. Proposed Sponsoring Institution (Name and Address)

10. Official in Business Office to be Notified if an Award is Made  
 (Name, Title, Address, Tel. No.)

11. Official's Email Address

12. Vendor ID Number

**CERTIFICATION:** The applicant certifies that to the best of his/her knowledge and belief all data in this application and attachments are true and correct. The applicant further understands that any award received as a result of this application shall be subject to the regulations and rules set forth by the New Jersey State Commission on Cancer Research for administration of NJCCR awards.

Signature (Required on Each Applicant)

Date

**New Jersey State Commission on Cancer Research  
FELLOWSHIP APPLICATION**

*(To be completed by applicant. Follow Instructions sheet.)*

Name (Last, First, Middle Initial)

**14. EDUCATION (After High School) Items 14, 15 & 16 should account for all periods of time to date:**

Name and Location of College or University (Begin with most recent.)	Dates Attended		Degree(s)		Major Field	Minor Field
	From (Mo/Yr)	To (Mo/Yr)	Received and Expected	Month/Year		

**15. EMPLOYMENT (After College):**

Name and Location of Employers, including Military Service, Internships, and Residencies (Begin with most recent.)	Occupation or Position Title	Dates	
		From (Mo/Yr)	To (Mo/Yr)

**16. ACADEMIC AND PROFESSIONAL HONORS, INCLUDING ALL SCHOLARSHIPS, TRAINEESHIPS, FELLOWSHIPS, AND DEVELOPMENT AWARDS**

Indicate Source of Awards (PHS, NSF, Woodrow Wilson, etc.), Date, and Grant or Award Numbers, if applicable.

**17. APPLICATION FOR OTHER CONCURRENT SUPPORT**

☐ No ☐ Yes - If Yes, complete below.

Source	Name of Program	Type of Support	Dates Of		
			Submission	Expected Results	Starting

## New Jersey State Commission on Cancer Research FELLOWSHIP APPLICATION

(To be completed by applicant. Follow Instructions sheet.)

Name (Last, First, Middle Initial)

## 18. SCHOLASTIC PERFORMANCE

**Postdoctoral applicants:** List by institution and year all undergraduate and graduate scientific and/or professional courses germane to the training sought under this award with grades.

**Predoctoral applicants:** Submit a transcript of all undergraduate courses.

[illegible]

Explain marking system if other than 1-100 or A, B, C, D, F. Show level required for passing. PREDOCTORAL applicants state performance on Graduate Record Examination if available.

**New Jersey State Commission on Cancer Research  
FELLOWSHIP APPLICATION**

*(To be completed by applicant. Follow Instructions sheet.)*

Name (Last, First, Middle Initial)

**19. SPECIALTY CERTIFICATION (Attained or sought)**

Specialty	Date

**20. CURRENT PROFESSIONAL SOCIETIES**

**20. REFERENCES: List four individuals other than sponsor. Postdoctoral applicants *must* enter thesis advisor or chief of service in the first space. If *not* sending this person a reference report, explain why.**

Name	Title, Department and Institution
Thesis Advisor or Chief of Service	

**22. RESEARCH CAREER GOALS (Limit to this space)**

**23. TRAINING GOALS (Limit to this space)**

**24. APPROXIMATE PERCENTAGE OF PROPOSED TIME IN ACTIVITIES IDENTIFIED BELOW**

Year	Research	Course Work	Teaching			
First						
Second						
Third						

**25. PLANS FOR ACTIVITIES OTHER THAN RESEARCH**

**New Jersey State Commission on Cancer Research  
FELLOWSHIP APPLICATION**

*(To be completed by applicant. Follow Instructions sheet.)*

Name (Last, First, Middle Initial)

- 
- 26. Summarize RESEARCH EXPERIENCE stating problems studied and conclusions reached. If no research experience, list other scientific experience. Do not list academic courses. (Limit to one page.)**

**New Jersey State Commission on Cancer Research  
FELLOWSHIP APPLICATION**

*(To be completed by applicant. Follow Instructions sheet.)*

Name (Last, First, Middle Initial)

**27. Summarize DOCTORAL DISSERTATION.** *(Limit to one page; postdoctoral applicants only.)*

**New Jersey State Commission on Cancer Research  
FELLOWSHIP APPLICATION**

*(To be completed by applicant. Follow Instructions sheet.)*

Name (Last, First, Middle Initial)

**28. Summarize PUBLICATIONS:**



**New Jersey State Commission on Cancer Research  
FELLOWSHIP APPLICATION**

*(To be completed by applicant. Follow Instructions sheet.)*

Name (Last, First, Middle Initial)

29. Describe the RESEARCH PLAN in detail identifying: background, purpose, specific aims, experimental design, methodology, and any possible problems to overcome. Applicants should address the relevance of the proposed work to the causes of cancer or clinical therapeutic research provided it focuses on malignancies of specific proven or suspected etiologies.

**New Jersey State Commission on Cancer Research  
FELLOWSHIP APPLICATION**

*(To be completed by applicant. Follow Instructions sheet.)*

Name (Last, First, Middle Initial)

**30. BIOGRAPHIC SKETCH OF SPONSOR**

Name	Title	Birthdate	
Education (Begin with baccalaureate and include postdoctoral training)			
Institution and Location	Degree	Year Conferred	Field of Study

**RESEARCH AND/OR PROFESSIONAL EXPERIENCE:** List in chronological order previous employment, experience, and honors. Specify the total number of publications and list, in chronological order, the titles and complete references to recent representative publications, especially those most pertinent to this application. DO NOT EXCEED 2 PAGES.

**New Jersey State Commission on Cancer Research  
FELLOWSHIP APPLICATION**

*(To be completed by applicant. Follow Instructions sheet.)*

Name (Last, First, Middle Initial)

**31. RESEARCH AND TRAINING SUPPORT**

List in three separate groups: (1) Active Support; (2) Applications Pending Review and/or Funding; (3) Applications Planned or Being Prepared for Submission.

Include all Federal, non-Federal, and institutional grant and contract support. If none, state "NONE." For each item give the source of support, identifying number, project title, name of principal investigator/program director, time or percent of effort on the project, annual direct costs, and entire period of support. (If part of a larger project, provide the titles of both the parent grant and the subproject, and give the annual direct costs for each.) If any of these overlap, duplicate, or are being replaced or supplemented by the present application, justify and delineate the nature and extent of the scientific and budgetary overlaps or boundaries.

(1) ACTIVE SUPPORT:

**New Jersey State Commission on Cancer Research  
FELLOWSHIP APPLICATION**

*(To be completed by applicant. Follow Instructions sheet.)*

Name (Last, First, Middle Initial)

**31. RESEARCH AND TRAINING SUPPORT**, Continued

(2) APPLICATIONS PENDING REVIEW AND/OR FUNDING:

**New Jersey State Commission on Cancer Research  
FELLOWSHIP APPLICATION**

*(To be completed by applicant. Follow Instructions sheet.)*

Name (Last, First, Middle Initial)

**31. RESEARCH AND TRAINING SUPPORT, Continued**

(3) APPLICATIONS PLANNED OR BEING PREPARED FOR SUBMISSION:

**New Jersey State Commission on Cancer Research  
FELLOWSHIP APPLICATION**

*(To be completed by applicant. Follow Instructions sheet.)*

Name (Last, First, Middle Initial)

---

**32. COMMENTS OF SPONSOR:**

- A. Summarize specific research training plans (including classes, seminars, if any:) for applicant. Describe research environment and facilities.

**New Jersey State Commission on Cancer Research  
FELLOWSHIP APPLICATION**

*(To be completed by applicant. Follow Instructions sheet.)*

Name (Last, First, Middle Initial)

32. COMMENTS OF SPONSOR, Continued:

B. Comments on applicant's qualifications.

C. How many pre and postdoctoral students will you be supervising during the tenure of the proposed fellowship.

Official in Business Office to be Notified if Award is Made

Institution's Federal ID Number

CERTIFICATION: We, the undersigned, certify that the information herein is true and complete to the best of our knowledge. If this application results in an award, appropriate supervision, training and adequate facilities will be provided. We also agree to abide by NJCCR fellowship policies and guidelines as they pertain to this award.

Name of Sponsor (Print)

Signature of Sponsor

Date

Name of Official Signing for Institution (Print)

Signature of Official

Date

**New Jersey State Commission on Cancer Research  
FELLOWSHIP APPLICATION**

*(To be completed by applicant. Follow Instructions sheet.)*

Name (Last, First, Middle Initial)

**33. RESOURCES AND ENVIRONMENT**

**FACILITIES:** Mark the facilities to be used at the applicant organization and briefly indicate their capacities, pertinent capabilities, relative proximity and extent of availability to the project. Use "other" to describe the facilities at any other performance sites, and at sites for field studies. Use one continuation page if necessary.

☐ Laboratory:

☐ Clinical:

☐ Animal:

☐ Computer:

☐ Office:

☐ Other: (\_\_\_\_)

**MAJOR EQUIPMENT:** List the most important equipment items already available for this project, noting the location and pertinent capabilities of each.

**ADDITIONAL INFORMATION:** Provide any other information describing the environment for the project. Identify support services such as consultants, secretarial, machine shop and electronics shop, and the extent to which they will be available to the project.



**New Jersey State Commission on Cancer Research  
FELLOWSHIP APPLICATION**

**CONFIDENTIAL QUALIFICATION APPRAISAL**

Name (Last, First, Middle Initial)

Proposed Sponsoring Institution

The applicant named above is applying for a competitively awarded Fellowship award. Please provide an overall assessment of the candidate's abilities and potential. Indicate how long you have known the applicant and under what circumstances. Please complete this enquiry promptly and send it to: The New Jersey Commission on Cancer Research, PO Box 369, Trenton, NJ 08625-0369.

Please rate applicant on the following basis:

1-Outstanding, 2-Good, 3-Above Average, 4-Average, 5-Below Average, 6-Inadequate Opportunity to Observe

	1	2	3	4	5	6
Academic Abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research Abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scientific Background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe any qualifications and traits of special significance in judging the applicant's potential for a research career in the sciences related to health. (Emphasize research aspects.) Describe any weaknesses that should be considered in evaluating the applicant.

Indicate dates associated with this applicant:

Capacity at that time (Teacher, Advisor, Supervisor, or Other):

Name of Respondent (Print)

Signature of Respondent

Date

Title of Respondent, Department, and Institution

Telephone Number

**New Jersey State Commission on Cancer Research  
FELLOWSHIP APPLICATION**

Name (Last, First, Middle Initial)

**CERTIFICATION FOR THE CARE AND TREATMENT OF LABORATORY ANIMALS**

It is the responsibility of the research institution as the awardee of an NJCCR grant to assure proper care and treatment of all laboratory animals used in any NJCCR sponsored research. Any applications involving laboratory animals must be reviewed and approved by an appropriate institutional committee.

Please check the appropriate statement:

- ☐ No laboratory animals will be used in any of the proposed activities planned in this application.
- ☐ Laboratory animals will be used in the proposed activities planned in this application. (If marked, you must complete all information below.)

If laboratory animals are to be used, list the species and number.

This is to certify that the proposed experiments on laboratory animals have been reviewed by an institutional committee (IRB) on \_\_\_\_\_ (date) and found to be in accordance with current NIH policy.

Name of Authorized Institutional Official (Print)

Title

Signature

Date

**New Jersey State Commission on Cancer Research  
FELLOWSHIP APPLICATION**

Name (Last, First, Middle Initial)

**CERTIFICATION FOR THE PROTECTION OF HUMAN SUBJECTS  
AND  
CERTIFICATION FOR CONTAINMENT OF RECOMBINANT DNA RESEARCH**

**CERTIFICATION FOR THE PROTECTION OF HUMAN SUBJECTS**

It is the responsibility of the research institution as the awardee of an NJCCR grant to assure that the rights and welfare of all human subjects used in any NJCCR sponsored research are protected. Any applicants involving human subjects must be reviewed and approved by an appropriate institutional committee.

Please check the appropriate statement:

- ☐ No human subjects will be used in any of the proposed activities planned in this application.
- ☐ Human subjects will be used in the proposed activities planned in this application. (If marked, you must complete all information below.)

This is to certify that the proposed activities on human subjects have been reviewed by an institutional committee (IRB) on \_\_\_\_\_ (date) and found to be in accordance with current DHSS policy. Review must be within the year preceding application activation date.

**CERTIFICATION FOR CONTAINMENT OF RECOMBINANT DNA RESEARCH**

It is the responsibility of the research institution as the awardee of an NJCCR grant to assure that the physical and biological containment needed for research involving any recombinant DNA molecules is within policies set out in the current "NIH Guidelines for Research Involving Recombinant DNA Molecules."

Please check the appropriate statement:

- ☐ This application does not involve any use of recombinant DNA molecules as defined by current NIH guidelines.
- ☐ This application involves the use of recombinant DNA molecules as defined by current NIH guidelines.

This is to certify that the proposed activities involving recombinant DNA molecules have been reviewed by the appropriate institutional committee (IRB) on \_\_\_\_\_ (date) and found to be in accordance with current NIH guidelines. Review must be within the year preceding application activation date.

Name of Authorized Institutional Official (Print)

Title

Signature

Date

**New Jersey State Commission on Cancer Research  
FELLOWSHIP APPLICATION**

Name (Last, First, Middle Initial)

**SCHEDULE D  
OFFICERS AND DIRECTORS LIST**

List below the name, title, and residence address of all officers and board members of applicant. Attach additional sheets if needed.

Name	Name
Title	Title
Residence Address	Residence Address
City State Zip Code	City State Zip Code
Name	Name
Title	Title
Residence Address	Residence Address
City State Zip Code	City State Zip Code
Name	Name
Title	Title
Residence Address	Residence Address
City State Zip Code	City State Zip Code
Name	Name
Title	Title
Residence Address	Residence Address
City State Zip Code	City State Zip Code
Name	Name
Title	Title
Residence Address	Residence Address
City State Zip Code	City State Zip Code

New Jersey State Commission on Cancer Research  
FELLOWSHIP APPLICATION

Name (Last, First, Middle Initial)

**SCHEDULE G**  
**CERTIFICATION REGARDING DEBARMENT AND SUSPENSION**

In accordance to Federal Executive Order 12549, "Debarment and Suspension," the undersigned certifies, to the best of his or her knowledge that as an applicant, this agency or its key employees:

- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transaction by any Federal Department or agency, or by the State of New Jersey;
- b. have not within a 3-year period preceding this application been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense, in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or Local) transaction or contract under a public transportation; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any offenses enumerated in paragraph (b) of this certification; and
- d. have not within a 3-year period preceding this application had one or more public transactions (Federal, State, or Local) terminated for cause or default.

The applicant agrees that by submitting this application, it will obtain from all its subgrantees a certification that includes without modification paragraphs (a), (b), (c), and (d) of this certification in accordance with Federal Executive Order 12549.

Name of Agency

Name and Title of Official Signing for Agency

Signature of Above Official

Date Signed

NOTE: The following document related to Debarment and Suspension as required by Federal regulations will be used as the basis for completion of this certification:

List of *parties excluded* from Federal Procurement or Non-Procurement Programs. This document is distributed by U.S. General Services Administration, U. S. Printing Office, Washington, D.C. This document can be acquired from the Superintendent of Documents by calling (202) 783-3238.

-TO BE RETAINED BY GRANTEE-

**New Jersey State Commission on Cancer Research  
FELLOWSHIP APPLICATION**

Name (Last, First, Middle Initial)

**SCHEDULE H  
CERTIFICATION REGARDING LOBBYING**

The undersigned certifies, to the best of his/her knowledge that:

- a. No grant funds awarded from federal appropriations have been paid or will be paid, by or on behalf of the grantee, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- b. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the grantee shall complete and submit the Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Contact the federal agency awarding the funds for a copy of form.
- c. The grantee shall require that the language of this compliance requirement (certification) be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This requirement (certification) is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Name of Agency	
Name and Title of Official Signing for Agency	
Signature of Above Official	Date Signed

-TO BE RETAINED BY GRANTEE-

**New Jersey State Commission on Cancer Research  
FELLOWSHIP APPLICATION**

Name (Last, First, Middle Initial)

**SCHEDULE I  
CERTIFICATION SHEET**

INITIALS

I certify that this agency is in possession of and will comply with the Terms and Conditions for Administration of Grants and the applicable Cost Principles.

\_\_\_\_\_

I have read the Certification Regarding Debarment and Suspension and certify to the best of my knowledge that as an applicant this agency and its key employees are in compliance with this requirement. I will also obtain such certification from all subgrantees in accordance with Federal Executive Order 12549. This form will be maintained on file.

\_\_\_\_\_

I have read the Certification Regarding Lobbying and, to the best of my knowledge, certify that this agency is in compliance. This form will be maintained on file.

\_\_\_\_\_

I have read the Certification Regarding Environmental Tobacco Smoke and have determined that the provisions of the Pro-Children Act of 1994 apply to this agency and to the best of my knowledge, certify that this agency is in compliance with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. This form will be maintained on file in the agency's office.

\_\_\_\_\_

I understand that my payments will depend on timely submission of all reports.

\_\_\_\_\_

I have submitted a listing of the Officers and Directors and their addresses and will notify you in writing within ten days of any changes as they occur. For renewal applications, I have submitted only changes from the original submission.

\_\_\_\_\_

I have previously completed and submitted the Agency Minority Profile.

\_\_\_\_\_

The Statement of Local Health Officer has been sent to the Local Health Officer for signature on the date of our submission of the application to the New Jersey Department of Health and Senior Services.

N/A

\_\_\_\_\_

I certify that this agency is not delinquent on any Federal or State debt.

\_\_\_\_\_

As a non-profit corporation, I certify that this agency has 501(c)(3) status as required by the Internal Revenue Service and is registered as a charitable organization in accordance with N.J.S.A. 45:17A-18 et seq.

\_\_\_\_\_

I have read, understand, and will comply with the instructions received with the grant application package.

\_\_\_\_\_

Name of Agency

Name and Title of Official Signing for Agency

Signature of Above Official

Date Signed

**New Jersey State Commission on Cancer Research  
FELLOWSHIP APPLICATION**

Name (Last, First, Middle Initial)

**LIST OF SUGGESTED REVIEWERS**

In order to assure the strongest possible evaluation of this application, the Commission is offering the opportunity to list suggested scientific peers who would be able to provide a fair and equitable review of this proposal. Please list the name, address and telephone number of at least two, but no more than four, experts in this area of study. Nominees may not be employed in any non-profit research institute in New Jersey.

Name:  Title:  Address:   Telephone:	Name:  Title:  Address:   Telephone:
Name:  Title:  Address:   Telephone:	Name:  Title:  Address:   Telephone:

**Certification by Applicant**

I hereby assure that I know of no conflict of interest involving the above-mentioned individuals pertaining to the information provided in this application.

Signature of Principal Investigator	Date
-------------------------------------	------



**New Jersey State Commission on Cancer Research  
FELLOWSHIP APPLICATION**

NAME OF PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR:

**LAY ABSTRACT OF RESEARCH PROJECT**

Please describe your research project in simple, non-technical language that is understandable by a person not trained in science. Include in your discussion: 1) the significance of your project to the problem of human cancer; 2) how it might help contribute to the etiology, prevention, early detection, improved treatment or possible cure of cancer; and 3) any special value it might have for the citizens of New Jersey. This abstract is meant to serve as a public description of the proposed research and, should the award be made, it will be used in press releases and various NJCCR publications.

Project Title (Do not exceed 52 spaces)

Please provide a one sentence description of your project

Description (Do not exceed space provided on this page. Type in single spaced format.)